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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

09/751,299

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	<u>AS FILED</u>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

3-3-06						
51	Indep	Depend	Indep	Depend	Indep	Depend
52			3			
53			3			
54			3			
55			3			
56			3			
57			3			
58			3			
59			2			
60			2			
61			2			
62			2			
63			2			
64			2			
65			2			
66			1			
67			2			
68			2			
69			2			
70			2			
71			2			
72			1			
73			1			
74			1			
75			1			
76			1			
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97						
98						
99						
100						
Total Indep		9				
Total Depend		58				
Total Claims		67				

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